<u>471-000-523 Nebraska Medicaid Practitioner Fee Schedule For Speech Pathology and</u> Audiology Services

Nebraska Medicaid payment is the lower of the fee schedule allowable or the provider's submitted charge. The provider's submitted charge must reflect their charge to the general public. CPT codes, descriptions and other data only are copyright 2012 American Medical Association (or such other date of publication of CPT). All Rights Reserved. Applicable FARS/DRARS Apply. Relative Values for Physicians copyright 2012 Ingenix, Inc.

					NON-FACILITY	FACILITY
CODE	MOD	PA	COMMENTS	COPAY	RATE	RATE
00092506				X	\$55.41	\$16.29
00092507					\$33.93	\$14.14
00092526			REQUIRES DOCUMENTATION		\$41.47	\$25.04
00092550					\$13.19	
00092551					\$13.19	
00092552					\$13.19	
00092553					\$18.85	
00092555					\$9.42	
00092556					\$18.85	
00092557					\$41.47	\$38.52
00092558					\$15.08	
00092559					\$13.19	
00092560					\$7.54	
00092561					\$15.08	
00092562					\$5.65	
00092563					\$5.65	
00092564					\$5.65	
00092565					\$5.65	
00092567			REQUIRES DOCUMENTATION		\$12.66	\$10.90
00092568					\$7.54	
00092570			REQUIRES DOCUMENTATION		\$15.08	\$14.22
00092571					\$5.65	
00092572					\$6.03	
00092575					\$6.03	
00092576					\$6.03	
00092577					\$6.03	
00092579					\$26.39	\$24.19
00092582					\$11.31	
00092583			REQUIRES DOCUMENTATION		\$11.31	
00092584					\$50.89	
00092585					\$113.10	
00092585	26				\$22.62	
00092586					\$101.79	

					NON-FACILITY	FACILITY
CODE	MOD	PA	COMMENTS	COPAY	RATE	RATE
00092586	26				\$18.85	
00092587					\$45.24	
00092587	26				\$11.31	
00092588					\$65.97	
00092588	TC				\$47.12	
00092588	26				\$18.85	
00092590					\$41.47	
00092591					\$62.20	
00092592					\$15.08	
00092593					\$22.62	
00092594					\$15.08	
00092595					\$22.62	
00092596					\$22.62	
00092597					\$79.17	\$46.94
00092601					\$66.72	\$60.52
00092602					\$46.37	\$39.18
00092603					\$44.10	\$39.78
00092604					\$29.40	\$25.43
00092605			REQUIRES DOCUMENTATION		\$29.40	
00092606			REQUIRES DOCUMENTATION			
00092607					\$62.58	
00092608					\$13.57	
00092609					\$31.29	
00092610					\$65.97	\$40.64
00092700			REQUIRES DOCUMENTATION			

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REV. JULY 1, 2012 MANUAL LETTER #65-2012

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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